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U.S. DISTRICT COURT
NO. DIST. OF CA. S.J.

ADR

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

Shari Welsh Pro Se
Sam Welsh Plaintiff,
vs.
U.S. Army
Defendant.

C 08 03599

CASE NO. _____

APPLICATION TO PROCEED
IN FORMA PAUPERIS
(Non-prisoner cases only)

RS

I, Shari Welsh, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes ___ No X

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: _____ Net: _____

Employer: _____

If the answer is "no," state the date of last employment and the amount of the gross and net salary

1 and wages per month which you received.

2 _____
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 5 2. Have you received, within the past twelve (12) months, any money from any of the
 6 following sources:

7 a. Business, Profession or Yes ☒ No _____
 8 self employment?

9 b. Income from stocks, bonds, Yes _____ No ☒
 10 or royalties?

11 c. Rent payments? Yes _____ No ☒

12 d. Pensions, annuities, or Yes _____ No ☒
 13 life insurance payments?

14 e. Federal or State welfare payments, Yes ☒ No _____
 15 Social Security or other govern-
 16 ment source?

17 If the answer is "yes" to any of the above, describe each source of money and state the amount
 18 received from each.

19 340.00 per month for aid to
 20 needy families & 1500.00 from child care
 21 job.

21 3. Are you married? Yes _____ No ☒

22 Spouse's Full Name: _____

23 Spouse's Place of Employment: _____

24 Spouse's Monthly Salary, Wages or Income:

25 Gross \$ _____ Net \$ _____

26 4. a. List amount you contribute to your spouse's support: \$ _____

27 b. List the persons other than your spouse who are dependent upon you for support
 28 and indicate how much you contribute toward their support. (NOTE: For minor

children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.)

S.W. ~~SW. 18~~ 18

5. Do you own or are you buying a home? Yes ___ No ☒

Estimated Market Value: \$ _____ Amount of Mortgage: \$ _____

6. Do you own an automobile? Yes ☒ No ___

Make 1996 Year Kia Model Sephia

Is it financed? Yes ___ No ☒ If so, Total due: \$ _____

Monthly Payment: \$ 0

7. Do you have a bank account? Yes ☒ No ___ (Do not include account numbers.)

Name(s) and address(es) of bank: Central Coast Credit Union

4242 Gigling Rd., Seaside, Ca, 93955

Present balance(s): \$ 200.⁰⁰

Do you own any cash? Yes ☒ No ___ Amount: \$ 20.⁰⁰

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes ___ No ☒

8. What are your monthly expenses?

Rent: \$ 100.⁰⁰ Utilities: 100.⁰⁰

Food: \$ 100.⁰⁰ Clothing: 0

Charge Accounts:

Name of Account	Monthly Payment	Total Owed on This Account
<u>Capital One</u>	\$ <u>30.⁰⁰</u>	\$ <u>600.⁰⁰</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable. Do not include account numbers.) NO

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10. Does the complaint which you are seeking to file raise claims that have been presented in other lawsuits? Yes ___ No X

Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which they were filed.

I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims.

7-28-08

DATE

Shan W. Holt

SIGNATURE OF APPLICANT